

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Apr 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # B9800000412

1. Entity Name
**SOUTHGATE TAMPA INDUSTRIAL LIMITED
PARTNERSHIP**



Principal Place of Business: **3110 SOUTH VALLEY VIEW, SUITE 205
LAS VEGAS, NV 89102**

Mailing Address: **ONE WEST AVENUE
LARCHMONT, NY 10538**

2. Principal Place of Business: Suite, Apt #, etc.

3. Mailing Address: Suite, Apt #, etc.

City & State: _____

City & State: _____

Zip: _____ Country: _____

Zip: _____ Country: _____



04182005 Chg-LP CR2E003 (10/03)

4. FEI Number: **88-0396266**

Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BRUDERMAN, ROBERT
551 NW 77TH STREET, SUITE 100
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ **FL** Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____

Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record: **-\$990.00**

10. Amount of Capital Contributions in FLORIDA to date: _____

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F98000003432	STREET ADDRESS	
NAME	SOUTHGATE TAMPA INDUSTRIAL INC.	CITY-ST-ZIP	
STREET ADDRESS	215 S. MONARCH STREET, SUITE 202		
CITY-ST-ZIP	ASPEN, CO 81611		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

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04/30/05-80085-025 141.25**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: STUART LICHTER **4/18/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE